

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014484

STATE FILE NUMBER

FILED APR 24 1959

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

80

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Huntsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If outside, give location) North Main Street	
3. NAME OF DECEASED (Type or print) First William Middle Owen Last Owen		4. DATE OF DEATH Month April Day 15 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY carpenter	11. BIRTHPLACE (City and state or country) Randolph County, Missouri
12a. FATHER'S NAME W.T. Owen		12b. MOTHER'S MAIDEN NAME Elizabeth Summers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. W.O. Owen: Jefferson City, Missouri		18. NAME OF HUSBAND OR WIFE Mrs. Lottie Owen	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) 331X		INTERVAL BETWEEN ONSET AND DEATH 12 hrs 20 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8 a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Huntsville Mo.	
21. I attended the deceased from April 2, 1945 to April 15, 1959 and last saw him alive on 4/15/59 Death occurred at 8 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. H. Dwyer MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-18-1959	
23c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		23d. LOCATION (City, town, or county) Huntsville, Missouri	
24. FUNERAL DIRECTOR Tom B. Patton		25. DATE RECD. BY LOCAL REG. 4-18-59	
26. REGISTRAR'S SIGNATURE Reuben House		27. DATE SIGNED 4/16/59	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

APR 27 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914
P. O. Address Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.